

**University Hospitals
Application For Employment****Exhibit 1**

Please select the facilities in which you are interested in applying:

Section A: Candidate Identification

First Name	Mark
Middle Initial	a
Last Name	Miller
Have you ever used a maiden, former, or alternative name?	No
Have you lived outside the state of Ohio in the last five (5) years?	No

Present Address

Street Address:	965 East 128th Street
Apartment/Suite #:	
City:	Cleveland
State:	Ohio
Zip Code:	44108

Permanent Address

Same as Present Address	Yes
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Phone Number

Primary:	Mobile (216) 970-3121
Secondary:	Work (216) 632-4090
Tertiary:	() -
Email	mmilleraramark@gmail.com

Are you at least 18 years of age?	Yes
Are you a U.S. Citizen or otherwise eligible to work in the U.S.?	Yes

By law, all persons are required to provide documentation establishing identity and employment authorization upon hire.

Do you currently use any form of tobacco products? (Per policy, UH does not hire external candidates who use tobacco products)	No
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Have you been previously employed by University Hospitals or any subsidiary or affiliate of UH?	No
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Are you related to anyone at University Hospitals or any subsidiary or affiliate of UH?	No
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Were you referred by a current UH employee?	No
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Select all employment shifts for which you are available:	All
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Section B: Conviction Record

Please Note: Conviction of a crime will not necessarily disqualify an applicant from employment. Failure to indicate a conviction, regardless of the recency or severity, will be considered a falsification of this employment application, which is a disqualifier from further consideration, and if already hired, is grounds for immediate dismissal and termination of employment.

Have you ever been convicted of a violation of a law other than a minor traffic violation?	No
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Have you ever been excluded, sanctioned or debarred from a governmental agency?	No
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Section C: Employment History

List present or most recent employer first. Include all employment for the past five (5) years. All previous employment within this timeframe is relevant. A resume is not a substitute for an employment application. ***Please note:** If you worked for a staffing/temporary agency, please list the agency contact information. Do not list the company information where you completed the assignment.

Do you have an employment history? Yes

Employer 1

Is this your current employer?	No
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Exhibit 1

Company Name:	Aramark GM Parma plant		
Date of Employment			
From: (MM/YYYY)	06/2008	To: (MM/YYYY)	08/2016
Street Address:	5400 Chevrolet Blvd	City:	Parma
State:	Ohio	Zip Code:	44130
Country:	UNITED STATES	Company Phone No.:	
Job Title:	Janitorial/Laborer	Job Duties:	Cleaning of restrooms, plant floor, robot cells, stamping presses, removal of trash,
Starting Salary:	10/hr	Ending Salary:	15.58/hr
Reason for Leaving:	company wanted doctors to state reason for being seen at emergency room in my return to work letter, I was told since there was no restriction HIPPA law prevented that from being added to the letter Aramark management determined I didn't provide adequate doctors documentation		
Supervisor(s) Name:	Russell Hatch	Supervisor(s) Title:	Group Leader

Section D: Education

Do you have a high school diploma or equivalent?	Yes
Please specify.	High School Diploma
School Name:	Max S. Hayes
Location: (City, State)	Cleveland, Ohio
Name under which diploma / GED was obtained.	Mark A. Miller
Do you have additional education?	Yes

Additional Education 1

List your additional education.	Vocational/Technical	
School Name:	Other	If you could not find the school you are looking for, please enter it here: DeVry Institute
Location: (City, State)	Columbus, Ohio	Did you graduate? Yes
What was the diploma/degree obtained?	Associates Degree Please be sure to select the <u>specific</u> degree obtained (i.e. Bachelor Degree in Nursing, BSN vs. Bachelor Degree)	Field of Study: Electronics
Name under which diploma / degree was obtained.	Mark A. Miller	

Section E: Professional License/Certification/Additional Training

Do you have any professional licenses?	No
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Do you have any certifications?	Yes
Certification 1	
Certification:	Other (Real Estate)
Certification Agency:	Hondros college
Certification Number:	
Start Date:	
Expiration Date: (if applicable)	

Additional Training:

List Any Other Additional Training:

Section F: Armed Forces Record**Exhibit 1**

Present Classification

Branch

Nature of Duties

Highest Rank

Section G: Professional References

One (1) reference is required, however, three (3) are recommended. Please do not list friends or family.

Name	Title	Phone Number
Mike Johnson	Janitorial	216-650-4460
Kim Thompson	Group Leader	810-406-8389
Wanda Pyror	Janitorial	440-650-6804

READ CAREFULLY BEFORE SIGNING

It is the Policy of University Hospitals (UH) to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment, transfers and promotions or other conditions of employment are all made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, disability, ancestry or status as a disabled or Vietnam era veteran.

It is also a policy of UH to provide a drug-free work place and to protect the safety and well-being of all its employees, patients and visitors. Use or possession of drugs or alcohol while on the job, on company premises or company business or being under the influence at any such time is strictly prohibited and is grounds for immediate termination and removal from premises.

- I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. **I understand that any misleading statement, misrepresentation, and/or omission of information may cause this application to be rejected or be cause for termination of employment.** I further understand that notwithstanding any offer of employment which may follow this application, final offer of employment will be based on my timely completion, to the satisfaction of UH, of all of UH's pre-employment requirements and procedures including interview(s), reference checks, verifications, and employment entrance examinations at an employee health clinic, and other appropriate procedures deemed necessary from time to time by UH. I am hereby specifically aware of, understand and agree to the following:
- A post offer medical examination, including drug testing, will be required. I understand that any job offer is contingent upon successful completion of the medical examination and UH's receipt of satisfactory drug screen results and I agree to provide access to previous medical records and sign all required authorizations and/or releases if reasonably required.
- During my employment, if I am hired, I will agree to submit to medical examinations to determine my fitness to perform my job in the interest of my safety and well-being and that of UH, its patients, visitors, and other employees. These examinations may include testing for drugs and/or alcohol, as often as needed or determined by my supervisor or a representative of the UH Department of Human Resources or the UH Law Department during my employment where reasonable suspicion of myuse or dependency may exist or where other circumstances reasonably require.
- I further understand and agree that the failure of UH to request any such physical examination shall not be construed as an admission or other acknowledgement by UH that I am physically qualified to perform any specific type of services.
- Refusal to submit to an alcohol and/or drug testing in accordance with UH policy at any time may result in immediate discharge and termination of employment. I also understand that failure to pass an alcohol and / or drug test at any time during employment may result in corrective action up to and including immediate discharge and termination of my employment.
- I understand and acknowledge that UH is a "smoke free" work place. Smoking is prohibited throughout the interior premises of UH. UH reserves the right to alter or amend its smoke free work place policy at any time and on UH property.
- My criminal record may be examined in connection with your consideration of this application or in the future during my employment and I hereby authorize any lawful examination of my criminal record. A conviction of a violation of a law other than a minor traffic violation occurring prior to or following commencement of employment may result in action up to and including immediate discharge and termination of employment.
- I authorize organizations, former employers and other persons to give information about me to UH and I hereby release them from all liability for honestly responding to inquiries and request for references from UH about me.
- I understand an inability to contact my present employer may subject my application to delay or inability to process.

- Exhibit 1**
- I will observe and comply with all rules, regulations, policies, and procedures (collectively, "Policies") applicable to UH employees as adopted or amended from time-to-time. I understand that such Policies are adopted for specific and important reasons and violation of these can subject me to corrective action up to and including immediate discharge and termination of employment. I agree that I will familiarize myself with all such Policies and ask questions of my supervisor or the Human Resource Department whenever I do not understand anything about them.
 - In the event that I am hired and satisfy all pre and post offer contingencies, my employment will be at-will and not for any specific period of time, will not constitute an employment contract, and that either I or UH will be free to terminate the employment relationship at anytime for any reason or no reason. I also understand and agree that no one has authority to vary this understanding except in writing directed to me and signed by an authorized officer of UH. Please note that some executive positions may require the signing of an employment contract which will be reviewed with the candidate at the time offer.
 - I will be bound by these same provisions irrespective of the affiliate of University Hospitals to which I am applying to work or to which I may be transferred. I understand and agree that this application and all information provided by me or others or otherwise gathered by UH may be disclosed by UH at any time without notice so long as such disclosure is required by applicable law or is otherwise made to any affiliate or subsidiary of UH or to any government agency, agent or law enforcement officer, in good faith and for reasons relating to my application for employment, to protect the health or safety of any other employee or patient of any UH affiliate or subsidiary or for quality assurance or compliance purposes or for purposes of law enforcement or government investigation.

I agree that any claim or lawsuits relating to my service with University Hospitals or any of its subsidiaries or affiliates must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

If you are hired, the application continues to remain active and becomes part of your official employment record.

I have read, understand and agree to the terms above. ☒

Background Check Authorization / Fair Credit Reporting Act Disclosure

University Hospitals (UH) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history. The scope of this notice and authorization is all-encompassing, however, allowing UH to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The Summary of Rights under the Fair Credit Reporting Act (FCRA) can be found at www.ftc.gov/credit

New York applicants: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer upon request.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND CHECK AUTHORIZATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by UH's designated background screening company, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

I hereby acknowledge that I have read the Fair Credit Act Reporting Disclosure and Summary of Rights from UH. ☒

Minnesota and Oklahoma applicants: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND

INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ☐ **Exhibit 1**

I HAVE READ AND UNDERSTAND THIS ENTIRE APPLICATION AND AGREE TO BE ABSOLUTELY BOUND BY ITS TERMS AND CONDITIONS. ☒ Yes ☐ No

Type your full first and last name (which will represent your electronic signature, and which you agree University Hospitals can rely upon to the same extent as your handwritten signature).

Full First & Last Name: Mark A. Miller Social Security Number: 293-56-8026
Drivers License Number (if applicable): RT690101 Drivers License State: Ohio
Date: 11/14/2016

Although most institutions will accept an electronic signature there may be some instances where this is not the case. In the event a wet signature is needed, you will receive notification from University Hospitals.

**Applicant E-mail History**

This email was sent to the candidate; or sent to someone else concerning the candidate.

Exhibit 1 Close Window☒ Highlight merged data**FT / PT Hourly Offer Confirmation - UH Bens [edited]**

Date: Tuesday, November 22, 2016

From: "Stacey Gladysz" <stacey.gladysz@uhhospitals.org>

To: "Mark a. Miller" <mmilleraramark@gmail.com>

cc: "Shannon Edwards" <Shannon.Edwards@uhhospitals.org>; william.skaros@uhhospitals.org;

Subject: Offer Confirmation from University Hospitals

Body:



Dear Mark,

Congratulations on being selected to join our team at University Hospitals who work to "Be The Difference" everyday on behalf of our patients and communities served. It is my pleasure to confirm your acceptance of the Regular Full Time (Evenings shift), Environmental Service Worker 3- Floor Tech- Evenings position in the UHC Env Svcs - Housekeeping-17000 department. You will be reporting to Shannon Edwards, Manager, and will be located at UH Cleveland Medical Center at 11100 Euclid Avenue, Cleveland, OH 44106. Your start date will be 12/12/2016. You can contact your manager at 216-844-3071 for further work schedule information.

POST OFFER / PRE-EMPLOYMENT HEALTH ASSESSMENT:

You are required to have your Post Offer / Pre-Employment Health Assessment completed no later than the Monday prior to your start date. Please contact this number to schedule an appointment (generally 1 hour): 1-866-789-8424 (press 1 for UH pre-hire; then 1 again for an appointment screening). Click the below link for more information, including hours and locations:

<http://content.learnshare.com/courses/81/353365/Health%20Assessment.pdf>

ON-BOARDING INFORMATION:

Within the link below you will find the required online forms. Please complete these forms as soon as your offer is made, but no later than the Friday before your start date. To access the link, you will log in using your career website log on and password. Your user name is Kramco. For your password hint, click on "lost password" after launching the on-boarding link:

[Click here to access your required on-boarding forms.](#)

Below you will find the terms of your offer:

COMPENSATION:

Your hourly base rate will be \$13.00. You will be paid via direct deposit based on the pay periods set by UH and are subject to applicable taxes, withholdings and deductions.

BENEFITS:

You will have the opportunity to participate, according to the terms of the respective plans, in a comprehensive package of benefits. Information on the benefits available to you can be accessed via our Wellness Matters site at <http://www.UHWellness.org> by clicking on "New Employee Decision Support Center" under the Quick Link section.

For information regarding benefit rates, please click on the following URL:

<http://content.learnshare.com/courses/81/306721/UH%20Benefits.pdf>

PAID TIME OFF:

You are eligible to participate in the Paid Time Off (PTO) plan and receive annual PTO allowances based on your years of service as set forth in the UH policies, as amended from time to time. Your PTO accrual rate is .088 hours per hours worked (approximately 23 days a year). You may use your PTO in accordance with the UH policy.

ORIENTATION:

As a valuable contributor to our acclaimed healthcare organization you are required to attend your University Hospital System 1st Day orientation on 12/12/2016. Please report to the Bolwell A at University Hospitals Cleveland Medical Center located at 11100 Euclid Avenue Cleveland, Ohio. During this day, you will learn about the overall University Hospitals System and the communities you will support as an employee of UH.

As your new employee journey continues, you will be further oriented to your department by your manager and may also be required to attend a position-specific education session very soon. These schedules will vary based on your position. Orientation begins at 08:30 AM and concludes at 03:30 PM. We encourage you to contact your manager, Shannon Edwards at 216-844-3071 or via email at Shannon.Edwards@uhhospitals.org prior to your start date to obtain further information on your orientation schedule.

A Department Representative is invited to meet with you at the end of this session.

[Click here](#) for directions to the location.

Pertinent orientation details:

- Registration is open thirty (30) minutes prior to the start of the Orientation session.
- Business casual or clinical attire is appropriate.
- Bring acceptable documentation with you for I9 verification. A list is provided within the on-boarding link above. You may bring documents from Column A only or documents from both Column B and C.
- A photo will be taken for your ID badge.
- Fingerprints may also be required depending upon your position with UH, about which you will be notified at orientation.

CONTINGENCY MATTERS:

This employment offer is contingent upon satisfactory completion of the following:

- Application for employment and related documents;
- Reference and state/federal criminal background check (including fingerprinting check, if applicable);
- Verification of Education and applicable Licensure(s);
- A post-offer/pre-employment health assessment and drug screen;
- Additionally, an Employment Eligibility Form (I-9) must be completed within three (3) days of your start date.

UH reserves the right to withdraw this offer of employment or to terminate your employment (if you become employed by UH) should any of the results of the applicant review or health assessment be unsatisfactory in UH judgment. This letter sets forth the terms of your offer, and shall not be construed as a contract of employment for any fixed period of time. While employed at UH, you will be an employee at will.

Mark, we are pleased that you are joining University Hospitals and are confident this position will offer you the opportunity for a challenging and rewarding experience, just as your contributions will add to the continuing success of this organization. If you need additional information, please do not hesitate to contact me at 216-287-8268.

Be The Difference,

Stacey Gladysz
Recruiter, University Hospitals

Cc: Employee File
Shannon Edwards, Manager